

MEDICAL WORLD NEWS

JULY 21, 1961



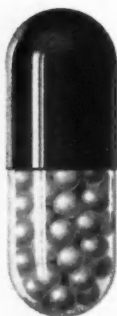
'PENDULUM THERAPY' FOR CANCER

**SPECIAL
REPORT**

AMA
and Specialty Meetings

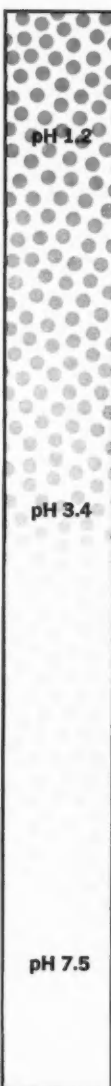
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I. Dugger, J. A.: J. Michigan M. Soc. 59:1812 (Dec.) 1960.

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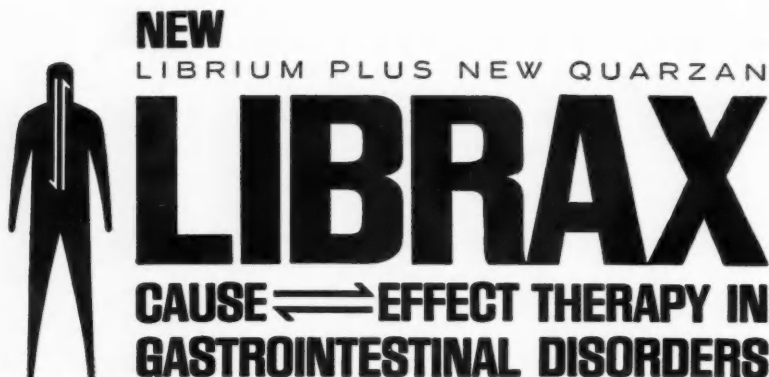
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July 21

MEDICAL WORLD NEWS

THE NEWSMAGAZINE OF MEDICINE

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On the cover:
New medical betatron
at New York's Montefiore
Hospital combines
swinging beam, rotating
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to concentrate electrons
on tumor while
sparing healthy organs.
Story on p. 18.



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LATE NEWS

CULDOSCOPE REVEALS HIDDEN BARRIERS TO FERTILITY

"Routine" diagnostic tests for female sterility can be seriously misleading, warns a New York gynecologist. Culdoscopic examination, says Dr. Albert Decker, will turn up "occult blocking or inhibiting factors" in a high percentage of ostensibly normal patients.

Criticising the "wait and see" approach to asymptomatic sterility, Dr. Decker cites a series of 97 patients in which BBT curves, salpingograms and tests of tubal patency revealed no apparent pathology. Culdoscopy, however, showed that more than two thirds suffered from abnormalities, ranging from endometriosis to cystic ovaries, he told the North American Conference on Infertility.

The incidence of pathology, he notes, was actually greater than that of a somewhat larger series in which symptomatology, previous history or routine tests were equivocal.

A "comprehensive sterility survey"—culdoscopic examination with uterine tubal perfusion using indigo-carmin solution—should be recommended whenever asymptomatic sterility is unresolved after two years, Dr. Decker believes. If the patient is over 30, or if the symptomatic picture is clouded, it should be undertaken sooner. "Persistence in tests for years, and repetition of unsuccessful donor inseminations are not justified without visual clarification of the problem."

AMA BACKS ORAL, LIVE-VIRUS POLIO VACCINE; SALK PROTESTS

In an unprecedented move, the American Medical Association has just urged mass immunization with live-virus polio vaccine—when it becomes available. The action triggered an immediate controversy with Jonas Salk, pioneer of the killed vaccine.

In a report from its Council on Drugs, approved by the House of Delegates during the AMA annual meeting, the organization for the first time endorsed a drug prior to FDA approval. Observers say the unusual move will almost certainly step up public pressure for a quick Government OK of the new vaccine.

The Council's report urged administration of the oral preparation to the entire population—even those who

have received Salk shots. Such a campaign "could eliminate polio as a public health problem," it declared, adding that the live-virus preparation may produce immunity of "much longer duration" than the Salk injections, and can also kill poliovirus in the gastrointestinal tract.

In two angry telegrams to AMA officials, Dr. Salk attacked the report as containing "misinformation on what a killed-virus polio vaccine can do and has done." He also suggested that the Council was far overstepping its authority by taking this action. But his main complaint seemed to be that the AMA had failed to press for mass immunization when his own vaccine was introduced six years ago.

At a hastily-called press conference, Dr. William C. Spring, secretary of the Council, defended the Council's present action as "based on consideration of all the evidence." Moreover, he pointed out, the Council had urged continuation of Salk shots pending release of the oral vaccine.

Meantime, AMA president Leonard W. Larson invited Dr. Salk to meet with the Council and talk over the dispute. Answered Dr. Salk: "In view of the action by the House of Delegates (in endorsing the Council's report) what would be the point?"

IMMOBILIZER KEEPS CHILDREN STILL FOR ROENTGENOGRAPHY



The problem of immobilizing an infant for the ten seconds needed to make an x-ray has often taxed the patience of pediatricians. A device exhibited at the AMA convention may provide a simple solution, replacing present methods which range from

x-ray equipment disguised as hobby-horses to outright strong-arm techniques.

Developed by Jalmar Pigg, Sr., chief x-ray technician at Le Bonheur Children's Hospital, Memphis, Tenn., the Pigg-O-Stat holder consists of an adjustable seat with a form-fitting plexiglass support on either side. The supports, which reach approximately to the patient's head, can be adjusted to fit children up to 3½ years.

The patient is positioned by gently pressing the two supports against his sides and then strapping him in place. A spring-balanced film carrier in front of the child and a lead shield in back, complete the unit.

With his device, says Mr. Pigg, the child can be positioned, radiographed twice, and released in less than a minute, while "conventional methods need ten to 15 minutes." The gadget, he notes, has cut repeat x-rays at Le Bonheur from more than 15 per cent to less than 0.5 per cent of all the cases.

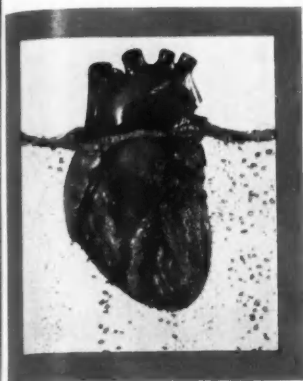
BRITISH CLINICIANS WARN SMOKERS ON 'DIMPS'

Smokers who habitually relight half-consumed cigarettes—known to Englishmen as "dimps"—may double their chances of lung cancer, three British investigators warn.

A two-year survey of 700 patients in three Manchester hospitals has shown that among those who smoked ten to 19 cigarettes a day, 41 per cent of "relighters" suffered from malignant lung tumors as against 23 per cent of "nonrelighters," according to Drs. John Dark, M. Pemberton and Marion Russell.

Heavier smokers, consuming 20 to 29 cigarettes a day, showed a similar contrast between the two groups but differences were less clear among patients smoking 30 or more a day. In this group, "there is a suggestion that the chances of getting lung cancer are high enough for the effect of the relighting to be less important," the three clinicians report in *The Lancet*.

One tentative conclusion of the study: "If relighting is a factor in lung cancer, it might go part way to explain the much greater incidence of the disease in Britain than in the U.S., where, since cigarettes are cheaper, there may be less temptation to relight half-smoked 'dimps.'"



in cardiac edema

especially when congestive failure complicates coronary artery disease — diuresis alone may not be enough. "The blood supply to the fibers of the hypertrophied heart may not increase *pari passu* with its enlargement.... Thus there is a relative coronary insufficiency even when the coronary vessels are normal."

—Friedberg, C. K.: *Diseases of the Heart*, ed. 2, Philadelphia, W. B. Saunders Co., 1956, p. 130.

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Full dosage information, available on request, should be consulted before initiating therapy.



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REFERENCES: (1) Coffey, G. L., et al.: *Antibiotics & Chemother.* 9:730, 1959. (2) Courtney, K. O.; Thompson, P. E.; Hodgkinson, R., & Fitzsimmons, J. R.: *Antibiotics Annual* 7:304, 1959-1960. (3) Godenne, G. D.: *ibid.*, 310. (4) McMath, W. F. T., & Hussain, K. K.: *Pub. Health* 73:328, 1959. (5) Personal Communications to Department of Clinical Investigation, Parke, Davis & Company, 1959. (6) Shafei, A. Z.: *Antibiotic Med. & Clin. Therapy* 6:275, 1959. (7) Lopez Elias, F., & Oliver-Gonzalez, J.: *Antibiotic Med. & Clin. Therapy* 6:584, 1959. (8) Carter, C. H.: *Antibiotic Med. & Clin. Therapy* 6:586, 1959. (9) Thompson, P. E., et al.: *Antibiotics & Chemother.* 9:618, 1959. (10) Dooner, H. P.: *Antibiotic Med. & Clin. Therapy* 7:486, 1960. (11) Coles, H. M. T., et al.: *Lancet* 1:944, 1960. (12) Mollfett, H. F., & Toh, S. H.: *Antibiotic Med. & Clin. Therapy* 7:569, 1960. (13) Fast, B. B.; Wolfe, S. J.; Stormont, J. M., & Davidson, C. S.: *Arch. Int. Med.* 101:467, 1958. (14) Mackie, J. E.; Stormont, J. M.; Hollister, R. M., & Davidson, C. S.: *New England J. Med.* 259:1151, 1958. (15) Stormont, J. M.; Mackie, J. E., & Davidson, C. S.: *New England J. Med.* 259:1145, 1958.

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A LETTER FROM THE PUBLISHER



DR. FISHBEIN



DR. RUSK



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Our editorial advisory board helps us in many ways, and we are in frequent contact with its members by phone and mail. But, in addition, we get together with them several times a year to receive their first-hand views of what is happening in medicine throughout the country, as well as their reactions to the things we say in MEDICAL WORLD NEWS.

On opening day of the AMA convention, our latest regular advisory board luncheon brought together editor Morris Fishbein and Drs. Rusk, Keefer, Diehl and Van Dellen to exchange ideas with executive editor Bill White, our top staff members and me.

A quick summary of the many subjects we discussed reads much like the contents of recent issues of our magazine: Social Security for doctors, financing medical care for the aged through Social Security, diseases which show a distinct geographical pattern, misguided vs useful international health programs, illnesses of past and present U. S. presidents, whether the AMA's Council on Drugs should be strengthened, the use of sample drugs, the situation in American hospitals, the image of the doctor, Blue Cross and Blue Shield, bogus vs genuine nursing homes, and Sen. Kefauver's investigations (past, present and future).

The portrait our editors were painting was the face of American medicine today. No matter what direction the face turned, it saw a question, a problem to be solved, a storm to be weathered, a sharp difference of opinion on matters of consequence.

Dr. Fishbein commented that the matters confronting American medicine were so complex and so fast-changing that one could never say: "Oh, we know all about that. We just finished making a thorough study of it." By the time the study is completed, the problem has changed, and has taken on a new dimension which requires further examination.

As he was saying this, I thought, "This is just what MEDICAL WORLD NEWS is trying to do, constantly to study the complex and changing face of medicine and present this story objectively and succinctly to the American physician."



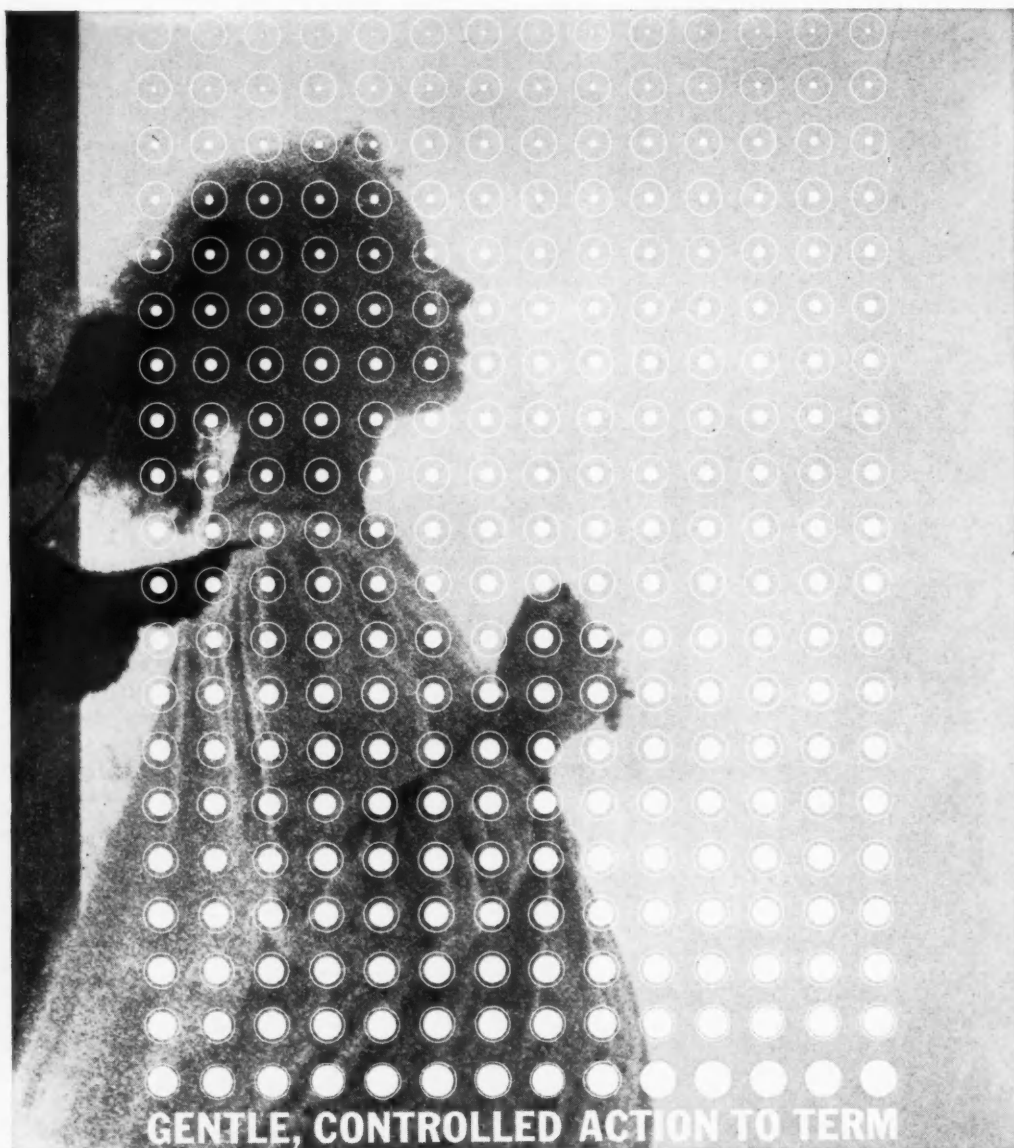
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OUTLOOK

- Hemophilia Foundation to award research grants
- California pharmacists will fight Court ruling

Research grants of \$2,000 to \$5,000 a year for studies in hemorrhagic diseases will be awarded annually by the National Hemophilia Foundation. The grants will go to groups investigating: 1) basic defects of blood coagulation, 2) isolation and purification of coagulation factors and 3) the application of purified fractions to treatment. The Foundation hopes its grants will stimulate research into the cause of hemophilia.

With air pollution said to cost more than \$1 billion in yearly medical expenses and reduced earnings, three big cities are going to step up their investigations of the problem. Authorities in Philadelphia, Cincinnati and Los Angeles will intensify their studies on the level of lead in the air and in the human system. Cooperating in the studies are the U.S. Public Health Service and the manufacturers of tetraethyl lead.

The U.S. Surgeon General is spending some \$4 million to establish 13 new general clinical research centers in private institutions around the country, 12 of them at medical schools. The only hospital in the program—New York's Montefiore—has just received an initial \$600,000 to expand its investigations into cancer, heart disease, mental illness, neurological diseases and surgical problems. The hospital's next move to get the program under way is renovation of an existing wing to accommodate an 18-bed unit and supporting laboratory equipment.

Northern California druggists say they will appeal—to the Supreme Court, if necessary—a Federal Court decision charging them with violation of the Sherman Anti-Trust Act. In the first criminal case of its kind, the Northern California Pharmaceutical Association has been found guilty of conspiring to fix the retail price of prescription products through a pricing formula distributed to member pharmacies. The court put the extra cost at \$12 million since the formula was introduced in 1957. In an attempt to raise a \$350,000 defense fund to upset the Federal Court ruling, pharmacy owners are being solicited for \$100 contributions; employee pharmacists are being asked for less.

Rutgers University announces a new two-year medical college under a \$1-million grant from the W. K. Kellogg Foundation. The New Jersey medical school—now one of six offering two-year courses—will register its first class of 50 students in the Fall of 1963.

The American Cancer Society, 25 years old this year, will take over the work of the Eleanor Roosevelt Cancer Foundation in September. ACS says the action will "reduce the multiplicity of appeals in the name of cancer control."

A pinch of sugar will improve x-ray film developer. Scientists at Eastman Kodak Company say that after film has absorbed a certain amount of radiation, it reaches a maximum density. Sweetening the developer extends the range of the film so higher radiation levels can be read before top density is reached. About seven ounces of table sugar or glucose per quart of developer is suggested.

As Pennsylvania starts its second year of requiring prospective motorists to pass medical exams, state officials announce they will need "more specific research data" before they can call the experiment a solid success. The record in Pennsylvania to date: 97 persons disqualified because of heart and blood disorders, 79 rejected because of repeated lapses of consciousness and 68 eliminated because of neurological disorders.

MEETINGS

- | | | |
|------|---------------|---|
| July | 26 | Int'l Commission for the Prevention of Alcoholism, Wash. D. C. |
| July | 30-
Aug. 3 | Int'l Psychoanalytical Congress, Edinburgh, Scotland |
| July | 31-
Aug. 4 | 1st Int'l Congress on Biophysics, Stockholm, Sweden |
| Aug. | 6-10 | Occupational Medicine and Toxicology, Miami |
| Aug. | 7-10 | National Medical Assoc., New York City |
| Aug. | 10-12 | Rocky Mountain Radiological Society, Denver |
| Aug. | 10-16 | Int'l Congress of Biochemistry, Moscow |
| Aug. | 13-19 | Int'l Assoc. of Applied Psychology, Copenhagen |
| Aug. | 13-19 | Training for Research in the Processes of Vision, 1st Int'l Conf., Rochester, N. Y. |
| Aug. | 14-19 | Int'l Medical Conference on Mental Retardation, Vienna |
| Aug. | 14-19 | Symposium on Radiation, Vienna |
| Aug. | 14-25 | Israel Medical Association, Jerusalem |
| Aug. | 20-24 | American Veterinary Medical Association, Detroit |
| Aug. | 21-24 | Biological Photographic Assoc., Chicago |

AMA PUTS DOCTOR'S BEST FOOT FORWARD

Delegates at the annual meeting in New York take action on more resolutions than ever before—and most of them are aimed at brightening the public's view of medical practitioners

As Dr. Norman Welch, speaker of the House, rapped the 1961 American Medical Association session to order, he gave the 216 delegates a quick rundown:

There were 115 resolutions in the hopper—more than at any previous AMA meeting. And most of them reflected the delegates' individual and collective concern with the big problem of how to polish up the public's image of the doctor.

Long before Speaker Welch had even raised the gavel, in fact, the AMA had started working on this matter. It had created a new executive post to focus attention on the meeting's scientific program. It put together a brand new multidisciplinary research forum, running three consecutive days from 8:30 AM to 5:00 PM and featuring some 200 of the foremost U.S. basic and clinical researchers. And the public relations department sent nearly every staff member to New York, where they produced an unprecedented array of news releases, pictures, briefings and interviews.

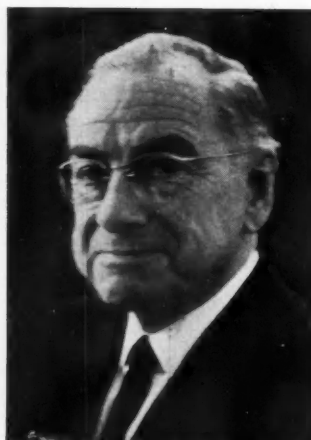
The result: a favorable press, except for the dispute with Dr. Jonas Salk (see *Late News*) which *The New York Times* editorially called "a highly regrettable" action at this time.

Strong support for a new look at the old image came early in the session from the AMA's new president, Dr. Leonard W. Larson. In his inaugural speech, the North Dakota pathologist cited what he called "the professional spirit." Pointedly, he noted, when this spirit "is diluted or destroyed, either in an individual physician or in a nation, medicine ceases to be a profession in the highest sense of the word. It becomes simply an occupation, just a way of earning a living."

To the House of Delegates, Dr. Larson later added: "Medicine must not tolerate anything less than the best. This means we must concern ourselves with improper practice, incompetent practice, and unethical actions of every nature. We must not be afraid to punish our fellow doctors. . . ."



OUT: Dr. Julian P. Price



IN: Dr. George M. Fister

SPEAKER of the House of Delegates, Dr.

As if to punctuate Dr. Larson's remarks, the House promptly voted approval of a report on self-policing. The Medical Disciplinary Committee's 76-page document, titled "Tis Neither Black Nor White," not only singled out the few doctors who are incompetent or unethical, but also pointed a finger at the many ethical doctors who close their eyes to questionable conduct among their colleagues.

Adequate disciplinary mechanisms do exist, the report said, but "there has been a failure, in some areas, to act promptly, impartially and objectively."

It then made some 30 recommendations: to medical schools ("teach more about medical ethics"), to state licensing boards ("seriously consider the advisability of making discipline a primary responsibility"), to medical societies ("review disciplinary programs critically" and make needed changes) and to the AMA ("draft a model medical practice act"). To tighten up local self-discipline, the report urged county and state societies to "report annually to the AMA all disciplinary actions taken within the preceding calendar year."

To put teeth into its action, the House approved a parallel report urging state societies to work for legislation that would make Disciplinary Committee members immune from damage suits.

In another action, presumably aimed at eliminating an old blot on the doctor's inter-professional escutch-





Norman A. Welch (center), keeps practiced watch over parliamentary maneuverings.

eon, the House approved a resolution stating: "A significant number of those practicing osteopathic medicine give their patients scientific medical care." If a doctor does so, says the resolution, "voluntary professional relationships with him should not be deemed unethical."

It also OK'd a number of other image-enhancing propositions. It agreed to AMA sponsorship of a National Congress on Medical Quackery, approved more publicity to promote student scholarships and loans, suggested that other state societies follow New Jersey's lead and set up Future Physicians Clubs (MWN, Dec. 16) of their own. And in spite of the fact that the AMA's midwinter meetings are consistent money-losers, the delegates decided to keep them going for a while longer. The reason: "Their tremendous public relations value."

The House again called for defeat of legislation to finance health care for the aged via Social Security. But it was also careful to record its opposition to Social Security coverage for physicians. "We can't very well ask for coverage for ourselves," one delegate told MEDICAL WORLD NEWS, "while we're fighting the King-Anderson bill. Our patients would nail us as hypocrites."

Behind the scenes, AMA delegates, in a more subtle way, showed that they are not only concerned with their public image but with who is in charge of creating that image—in short, who is running the Association.

Before the convention, it was expected that the big public ambassadorial job of president-elect would go to Dr. Julian Price of Florence, S. C. He was chairman of the Board of Trustees, and by recent tradition, on the step to the top spot. Moreover, he

was supported by powerful members of several state delegations. But the House of Delegates instead picked Dr. George M. Fister of Ogden, Utah, a Trustee since 1957. Most AMA veterans interpreted the last-minute ground swell for a dark horse as the Delegates' way of asserting their independence and strength. Whatever the cause, the overthrow of the front-runner—in open session of the House

FIRST TESTS OF VACCINE AGAINST HEPATITIS

One of three newly isolated infectious virus strains elicits antibodies in fifty volunteers

Three strains of viruses capable of causing infectious hepatitis have been isolated, and an experimental vaccine has been tested on a group of volunteer convicts at the Illinois State Penitentiary in Joliet. The vaccine, described at the American Medical Association's annual meeting in New York, has held off the disease for more than a month beyond incubation time, giving rise, after many years of fruitless research, to the hope that long-term immunization against infectious hepatitis may at last be realized.

A virus has long been suspected as the cause of hepatitis, but it has never before been isolated and cultured, mainly because the disease does not "take" on animals. Potentially dangerous experimentation on humans has been avoided since the death 15 years ago of two volunteers injected with serum from hepatitis patients.

In 1956, when Drs. Wilton A.

—was just the kind of answer the AMA could use to critics who call the organization "undemocratic" or "unrepresentative."

Perhaps the liveliest and most symptomatic exchange on the matter of doctors in the eye of the public came when delegates were asked to pick a site for the 1963 clinical meeting. When the reference committee announced its choice—Las Vegas—delegate followed delegate to the aisle microphones, directly pointing out that any connection between the casinos of Las Vegas and a meeting of the AMA would be an unhappy one. Finally, the lady delegate from Pennsylvania, Dr. Louise Gloeckner, made an additional plea to the delegates to think twice about Las Vegas. Mrs. Gloeckner admitted having been there herself: "But only once, and that once was quite enough."

The resolution was amended, Las Vegas was abandoned and the delegates decided the 1963 clinical meeting should be held in Portland, Oregon—City of Roses. ■

Rightsel and I. William McLean, Jr., of Parke, Davis & Company laboratories in Detroit, first reported finding "a virus-like substance" in the blood of hepatitis patients, it was not even known whether the agent would be capable of infecting man. Now, working with the Parke-Davis team, 41-year-old Joseph D. Boggs, director of laboratories at the Children's Memorial Hospital in Chicago and associate professor of pathology at Northwestern University Medical School, has shown that a virus is definitely at work. It can be grown in human tissue cultures. It causes infectious hepatitis in man. And an attenuated virus vaccine elicits antibody response in healthy patients.

Actually, three serologically distinct strains of hepatitis virus have been isolated: AR-17, WW-55 and MR-1. Each of the pathogens is extremely small, even as viruses go; they measure 10—15 millimicrons in diameter, much smaller than the poliovirus.

Working mainly with AR-17 and WW-55, Dr. Boggs and the Parke-

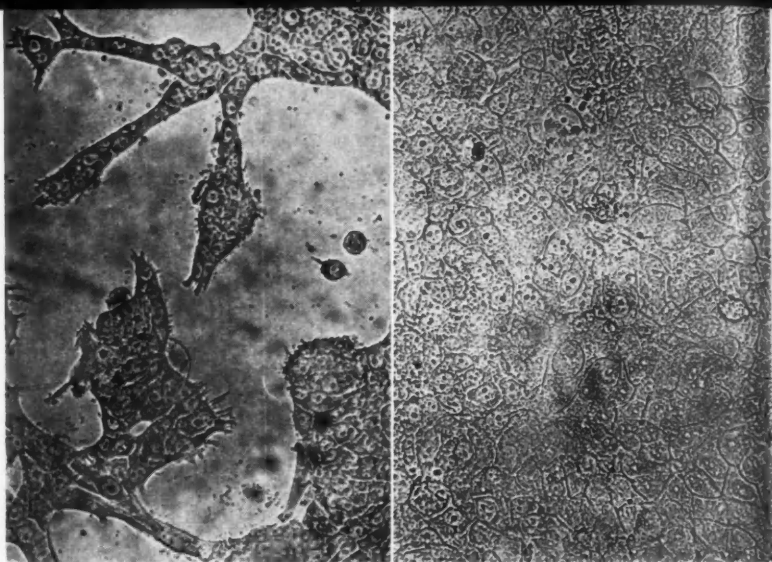
CONTINUED ON PAGE 12

HEPATITIS CONTINUED

Davis researchers have found that the viruses can be grown in human tissue cultures, particularly in bone marrow cells, and that passing the virus from culture to culture weakens it. This "tissue culture passing" begins with the introduction of infectious hepatitis serum into *in vitro* tissue. When the cells become infected and disintegrate a few days later, a small portion of the culture is put into a fresh one.

"The crucial question in our experiments, however, was whether the virus culture was capable of causing hepatitis," Dr. Boggs recalls. To find out, volunteers were sought among inmates at the Illinois State Penitentiary. "We informed them in detail of the purpose of the study, and of the potential danger involved."

With some trepidation, Dr. Boggs injected five healthy men with a greatly weakened viral suspension of AR-17. "We stood by with a battery of tests (urine bilirubin, cephalin flocculation, serum transaminase, urobilinogen) to detect the first signs of disease." Twenty-nine and 30 days after the injections, two of the five volunteers had clinically mild hepatitis; this period has now been confirmed as the



VIRUS CULTURE attacks bone marrow (1.), while control cells show unbroken pattern.

incubation time for AR-17 virus.

As the experiment continued, increasingly more potent preparations were used, and to date, a total of 60 volunteers have received virus of varying potency. Forty have contracted hepatitis. None have died.

Strain WW-55 apparently has a longer incubation period—35 to 37 days—and creates a somewhat different clinical picture, with less fever but more jaundice than AR-17, according

to Dr. Boggs. "Knowing the type of virus and the incubation time may be extremely important," he points out. "By counting back from the time a patient becomes sick, one can pinpoint the time of infection and help track its origin."

Once the virulence of both strains was established, Drs. Rightsel, McLean and Boggs set out to try an experimental vaccine. Having had more experience with AR-17, they used that

ANOMALIES CALLED 'HARD TO SPOT' IN INFANCY

Examination of infants for congenital anomalies is full of pitfalls, warn three North Carolina physicians.

On the basis of examination and later re-examination of 176 infants born after rubella or rubella exposure of the mother during pregnancy, they urge that physicians avoid the tendency "to accept the findings of the physical examination without much reservation."

Many anomalies, they told the American Medical Association in New York, may be diagnosed when they don't actually exist, while other very real anomalies may be overlooked. And the majority of these unsuspected ones may be so serious that the child could be seriously handicapped later.

Drs. Frank R. Lock, H. Bee Gatling and H. Bradley Wells of the Bowman Grey School of Medicine and the University of North Carolina originally set out to investigate the incidence of spontaneous malformations, about which there is a relative dearth of accurate information and a wide dis-

crepancy in findings. (One study, reports an overall incidence of abnormalities of 0.74 per cent, another 1.3 per cent, another seven per cent.)

However, it became apparent to the group, as the study progressed, that certain congenital abnormalities could not be recognized in the early months of life; that a final evaluation of all factors could not be reliably made in infancy; and some conditions that seemed at first to be anomalies later proved not to be so.

So the North Carolina investigators selected 176 infants whose mothers had been exposed to rubella during pregnancy. The infants were examined twice, by the same man, during the first, then in the second year of life.

On the first examination they found 35 children with 32 definite abnormalities and 25 doubtful ones. On the second examination, only seven of the 25 previously doubtful anomalies were confirmed. These included two cases of heart disease, three of mental deficiency and two of deafness. The di-

agnoses in 18 of the 25 were either disproved by consultants in various specialties, or they remained in doubt.

On the second examination, however, 11 previously unsuspected anomalies were discovered, including two cases of microcephaly, because of failure in growth—a result of congenital heart disease. Petit mal seizures appeared in one child, and there were four cases of mental deficiency and one of bilateral hearing loss. Two unsuspected cases of retinal degeneration were discovered.

In the final evaluation of the children, 19 were found to be afflicted with 41 individual anomalies. Of these 26.8 per cent were unrecognized up to the age of one year and 17.1 per cent were suspected but not proved until the age of two years—a total of 43.9 per cent unrecognized anomalies.

"It was a particularly distressing observation in this study that four cases of severe mental retardation were unsuspected in the first year of life," they said. ■



DR. BOGGS carries out clinical tests.

WAY TO MAN'S APPETITE MAY BE THRU STOMACH

Experiments indicate secretion of hormone-like factor could hold key to hunger stimulation

A series of clinical and experimental observations has led to the suggestion that the stomach may secrete a substance—possibly a hormone—that stimulates appetite.

If the "appetite stimulator" could be isolated, it would be useful in the treatment of severe anorexia, particularly after gastrectomy, Dr. Walter H. Gerwig, Jr., told the Association for Colon Surgery in New York. And if an antistimulant could be produced, obesity might also be combated.

Some years ago, Dr. Gerwig, who is now associate professor of surgery at West Virginia University Medical School, began using a segment of transverse colon as a substitute pouch in patients undergoing total gastrectomy. He hoped that this replacement would eliminate dietary and other problems. But nothing—not even drugs or vitamins—reversed chronic anorexia in these patients. This raised the question: Is having a stomach necessary to having an appetite?

Dr. Gerwig turned to animal experiments and began finding his answer by duplicating a procedure first described in the mid-1920s. Control dogs underwent total gastrectomy, while in other animals the stomach was turned into an anatomically useless pouch. To make sure that no food

entered the stomach, it was completely severed from the digestive tract. The esophagus and duodenum were sutured together and the cut ends of the stomach closed. By means of a gastro-cutaneous fistula, it was possible to tell whether the isolated stomach pouch still secreted its juices. The pouch was denervated but its blood supply left intact.

Thus, Dr. Gerwig suggests, if appetite depended solely on the brain's "appetite center," the animals with denervated stomachs would stop eating just as the totally gastrectomized patients did. But if appetite depended on a stomach secretion, the intact blood supply would circulate it, and appetite would be maintained.

And the stomach-pouch animals continued to eat as usual and to maintain normal weight, while the gastrectomized dogs progressively lost weight because they refused to eat.

To further prove that the stomach is necessary for appetite stimulation even when it receives no food and has no nerve connections, Dr. Gerwig removed the pouch from some of the dogs. Totally gastrectomized, the animals lost weight as the controls did.

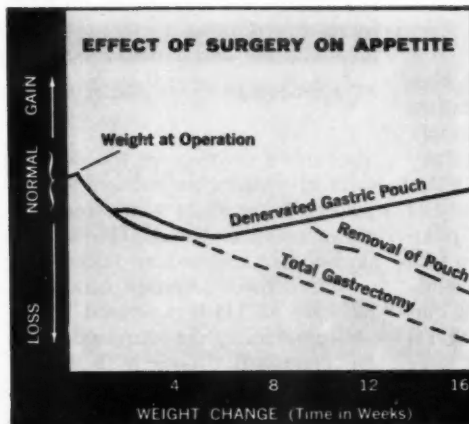
Dr. Gerwig now hopes to isolate that segment of the stomach that is most active in appetite control, and even to discover the substance itself, "so that the total gastrectomy patient may some day, like the diabetic, have a medication that will greatly enhance his well-being." ■

strain to immunize some 50 more inmates at Joliet. Various degrees of attenuation and dosages were tried, to determine the threshold between infecting and immunizing injections.

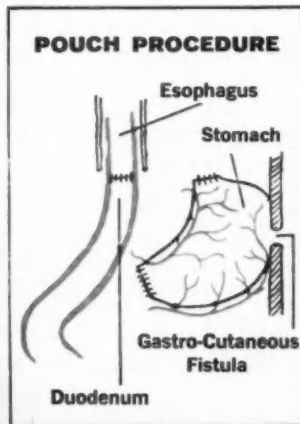
All of the 50 vaccinated were eventually challenged with virus AR-17 or WW-55 of infectious potency. Thus far, none of those injected with virulent AR-17 have come down with infectious hepatitis—and, in many cases, incubation time expired more than a month ago. Yet, cautions Dr. Boggs, "it is too early to conclude that the vaccine is effective. We may have, instead, lengthened incubation time."

Most of the vaccinated inmates who were challenged with WW-55 virus, however, contracted infectious hepatitis 35 to 37 days later—the normal incubation time for WW-55. This indicates that the antibodies against AR-17 are specific against that strain alone, points out Dr. Boggs. Thus, if a vaccine is developed, it should probably contain weakened virus from all three strains.

Much work remains to be done before a vaccine can be developed for general use, Dr. Boggs told the AMA. The team must test vaccines from all three strains. So far, the virus was grown only on malignant cells, which are not suitable for mass production of vaccine. More strains may also be found. Also, it is not known how long immunization will persist, nor whether vaccination might create a dangerous carrier state. But unquestionably, tangible results have, for the first time, been obtained in preventing a disease that strikes thousands and kills hundreds in the U. S. every year. ■



LOSS of weight due to anorexia occurs in gastrectomized dogs. Normal appetite and weight are maintained if stomach is denervated but blood supply left intact (r).



TUMOR 'MASQUERADE' UNMASKED

Two separate research groups find tumors in non-endocrine tissues can become hormone secretors and thus trigger off endocrine disorders which muddle the whole clinical picture

An unexplained jump in the output of a particular hormone often suggests an endocrine tumor. Few clinicians, however, would expect other types of tumors to muddle the clinical picture by triggering an endocrine disorder. Two reports now indicate that some neoplasms in non-endocrine tissues can become hormone secretors.

A Tennessee-California group has evidence that certain carcinomas secrete an adrenocorticotrophin-like substance in quantities high enough to trigger Cushing's syndrome. And a Maryland team has found other cancers that put out a substance so similar to the parathyroid hormone that it produces a clinical picture indistinguishable from hyperparathyroidism.

Both findings were reported to the Endocrine Society in New York. Speaking for the Tennessee-California group, Dr. Clifton Meador of Vanderbilt University pointed out that bilateral adrenal hyperplasia and hyperfunction have often been found in association with various non-adrenal tumors. But, he said, no one has ever established an etiological relationship.

Dr. Meador and his associates have studied three patients, two with "oat cell" carcinoma of the lung, the other with islet cell carcinoma of the pancreas. All three patients had chemical disturbances typical of Cushing's syndrome and two showed physical features as well, yet none had adrenal or pituitary tumors.

ACTH Out of Control

Since all patients showed high plasma ACTH levels, as well as elevated urinary 17-hydroxy and ketosteroids, the investigators suspected a pituitary disorder. (Heretofore, the pituitary has been considered the sole source of ACTH). Two sensitive tests of pituitary function, however, failed to turn up any abnormalities. Dexamethasone, the cortisol analog which cuts pituitary secretion and thus ACTH levels, had absolutely no effect, even in large doses, on any of the three patients. And two patients failed to respond to SU-4885, a compound which inhibits cortisol synthesis and thereby

forces the pituitary into ACTH production. "The pituitary had lost its traditional power as chemical governor of ACTH in these patients," commented Dr. Meador.

The first clue to the source of excess ACTH came from postmortem assays of the tumors themselves. "Significant quantities of ACTH activity were present in the primary tumors of all three patients," Dr. Meador told fellow endocrinologists. Even metastatic tissue showed similar activity, while none was present in non-tumorous tissue. The adrenals of all three patients showed bilateral cortical hyperplasia.

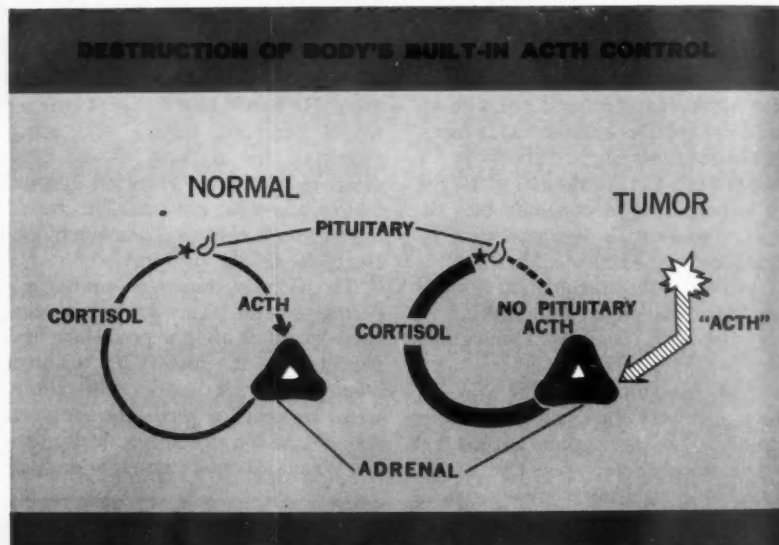
"In summary," said Dr. Meador, "we postulate that the underlying

Three of the patients had neoplasms of the lung, one of the bladder. None showed evidence of skeletal metastases. Yet all four had the typical signs of hyperparathyroidism—hypercalcemia, hypercalciuria and hypophosphatemia.

Surgery Ends Hyperparathyroidism

In three patients, excision of the bulk of carcinoma tissue corrected all signs of hyperparathyroidism. Calcium and phosphate levels in serum and urine promptly returned to normal. And in two of the patients, recurrence of the tumor 30 to 90 days later coincided with return of hypercalcemia.

In the fourth patient, x-ray therapy of the tumor lowered serum and urine calcium to normal within 14 days after the initial irradiation. Ten months after therapy, the patient still showed no



ACTH production is normally controlled by adrenal (l.). Tumor secretion is autonomous.

mechanism involved in the development of Cushing's syndrome in these patients is set off by a non-endocrine tumor secreting an ACTH-like substance in an autonomous fashion. Excessive cortisol secretion occurs and pituitary ACTH is depressed."

Representing the Maryland group, Dr. Thomas B. Connor of the University of Maryland, Baltimore, described a study of four patients in which squamous cell carcinomas appeared to mimic hyperparathyroidism.

signs of hypercalcemia, he reported.

Concluded Dr. Connor: "It seems very likely that some malignant neoplasms may secrete a substance having biological activities similar to, if not identical with, those of parathyroid hormone."

And to this, a member of his audience added: "Most of us are no longer naive enough to think that tumors only take up space. But it is a shock to find that they can turn non-endocrine tissues into hormone producers." ■

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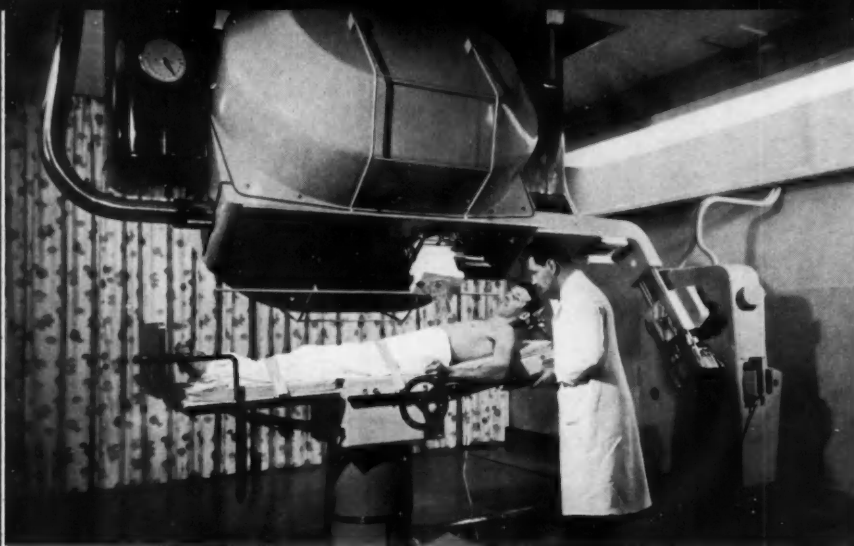
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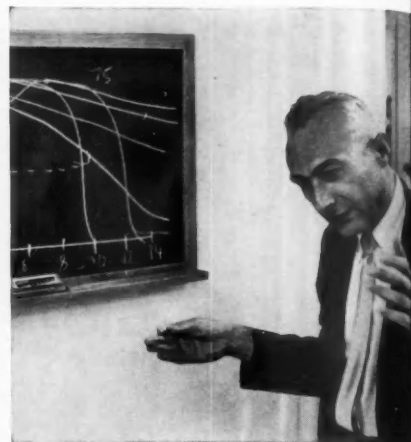
Although the incidence of significant side-effects is low, the usual contraindications to corticosteroid therapy apply to Haldrone.

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DR. BOTSTEIN draws absorption curves.

'PENDULUM THERAPY' FOR CANCER

Computer 'brain' synchronizes swinging betatron beam with rotating table on which patient lies. The focusing device concentrates electrons on tumor, sparing healthy tissues

In cancer radiotherapy, fast electrons have certain distinct advantages over other types of radiation. They penetrate human tissue to a depth that is almost directly proportional to the voltage used, and most of the electrons are absorbed in a relatively narrow, predictable portion of the irradiated tissue. (Standard x-radiation, on the other hand, goes right through the body, is gradually absorbed at various depths.)

A new betatron, designed to make the most of this high absorption selectivity, has just been installed at Montefiore Hospital, Bronx, N. Y.

None of the many features of the Swiss-made, eight-ton, doughnut-type accelerator are revolutionary. But taken together, they make possible a remarkable synthesis of the latest advances in high energy radiation machinery and in electronics, providing ease of operation, efficiency and maxi-

imum comfort for the patient. The betatron (also called Asklepitron) combines:

- ▶ A beam that can sweep along a vertical arc, coupled to a table that slides on steel tracks across the treatment room. The motions of the table are coordinated by an electronic computer with those of the betatron. The 210-degree pendulum motion permits the concentration of highest radiation dosages on a pivot—the tumor—thus reducing irradiation of healthy tissue to a minimum: the beam always passes through the tumor, but as it does the "useless" radiation is diluted in an arc of healthy tissue around it. (Previously, similar results have been accomplished by rotating the patient.)

- ▶ A focusing device that can concentrate the electron beam in a very small area of the body, sparing neighboring tissues.

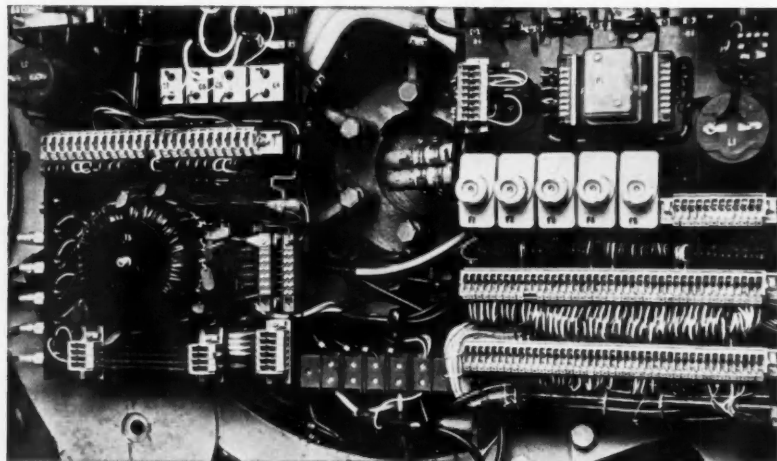
- ▶ A voltage of 36 MEV, at least twelve MEV higher than any other medical betatron in the U.S., reaching tumors at a depth heretofore inaccessible to electrons.

- ▶ An arrangement for taking ordinary diagnostic x-ray film, or fluoroscopy, during—as well as before—treatment. This facilitates continuous aiming of the electron beam.

- ▶ Push-button convertibility from electron to x-radiation.

The main advantage of the Swiss-made generator will be the possibility of treating patients too ill for the type

CIRCUITRY is part of penthouse power plant that supplies energy solely to betatron.



of high-energy therapy used up to now, according to Dr. Charles Botstein, head of the radiotherapy department at Montefiore. Pinpointing a relatively small area of the body prevents the spreading of large amounts of radiation to healthy tissue. Thus, says Dr. Botstein, the total amount of radiation delivered is reduced while useful radiation is increased.

32 Crates, 2 Technicians, 1 Physicist

The gleaming, pale-green machine in Montefiore's radiation department, however, has not achieved such results with miraculous ease — nor cheaply. Purchased in Baden, Switzerland, for \$170,000, it came across the ocean in 32 crates, accompanied by two technicians and a physicist. Installation took a year—and \$80,000. A hole was made in the hospital's roof so that the generator could be lowered into place, and a rooftop penthouse was built to contain its large and intricate power supply.

The betatron is housed in a room made radiation-proof with five-foot thick barite cement walls. And a 200-gallon water-filled window has been provided so that physicians can view the patient inside the room during irradiation therapy.

The Montefiore betatron was scheduled to go into operation last week—when it sprouted a water-leakage in its complex and vital cooling system. With one of the Swiss technicians still on hand, repair work is now nearly completed. Pendulum therapy on many of the hospital's cancer patients is about to begin. ■

FOCUS is checked by physicist J. Spira.



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Precautions: Pyridium is contraindicated in patients with renal insufficiency and/or severe hepatitis. Full dosage information, available on request, should be consulted before initiating therapy.

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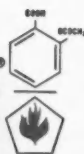
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WHEN IS A POLYP ONLY A POLYP?

The notion that all growths in colon or rectum are precursors of cancer is scotched by Briton

“One often hears statements that polyps of the colon and rectum are precancerous tumors. This is not only inaccurate but dangerous, since the result may be wrong treatment.”

With these words, Dr. Basil C. Morson, pathologist at St. Marks Hospital, London, offered the American Medical Association meeting a detailed chart intended to help physicians make an accurate distinction between precancerous and non-precancerous polypoid lesions.

Some polyps are precancerous, while others have no relationship whatever to cancerous diseases, said Dr. Morson, asking that the use of the word “polyp” be reserved for a purely clinical description of any small tumor projecting from the intestinal mucous membrane. A qualifying adjective can then be added, he said, which, if it does not indicate the pathogenesis of the lesion, at least differentiates it from other types of intestinal polyps.

Dr. Morson's main contentions:

The only intestinal polyps which are precancerous are the adenomas, papillary adenomas and villous papillomas, all of which are neoplastic lesions.

The other neoplastic polyps—leiomyoma, lipoma and neurofibroma—are very uncommon. Indeed, there is some argument among pathologists about their true nature, some holding they are true neoplasms, others maintaining that they are hamartomas. But this argument, he said, has no present clinical significance.

The second group, the hamartomatous polyps, are tumor-like non-neoplastic malformations or inborn errors of tissue development. Most pathologists accept hemangiomas and tumors of neurofibromatosis as hamartomas and not true neoplasms.

Also included in this group are

congenital juvenile polyps, a cause of rectal bleeding in children and young adults. On sigmoidoscopy these tumors appear very round and smooth, in contrast to the adenomatous polyps which are lobulated. It is generally agreed that these polyps are not precancerous and they are by far the commonest of all rectal polyps in persons under the age of 30 years. A true adenoma in a child or young adult is an extreme rarity—if it ever occurs at all. In Dr. Morson's view, the histological appearance of juvenile polyps is quite different from adenomatous polyps and suggests a malformation of mucosal tissues or a hamartoma rather than a true neoplasm.

The polyps found in the large intestine in the Peutz-Jeghers syndrome are hamartomas. Their histology, likewise, is quite different from the adenomatous polyps and they do not possess a special predisposition to cancerous change.

The third group includes those inflammatory polyps which are really tags of mucous membrane projecting

benign lymphoma of the rectum. This is an uncommon tumor and has no relation to malignant disease. Clinically, it may be mistaken for a carcinoma but the diagnosis can generally be made quite clearly by biopsy or preferably examination of the entire tumor, which is relatively easy to remove by local excision.

Peculiar Gas Cysts

The fourth group is cystic pneumatosis. These peculiar gas cysts project from the wall of the intestine. Their cause is unknown but clinically and radiologically they have been confused with familial polyposis and polypoid ulcerative colitis.

As a final point, the British pathologist noted that the association of cancer of the large intestine and chronic ulcerative colitis is uncommon. But it is sufficiently frequent to suggest that this may be a precancerous condition under certain circumstances, usually in cases with a long history of clinically mild colitis. Patients with both colitis and cancer are usually in the fourth decade as compared with

CLASSIFICATION OF POLYPOID LESIONS OF LARGE INTESTINE

Neoplasms

- 1) Epithelial: Adenoma (including familial polyposis)
 - Papillary Adenoma
 - Villous Papilloma
- 2) Other:
 - Leiomyoma
 - Lipoma
 - Neurofibroma

Hamartomas?

Hamartomas

- Juvenile polyps (also called retention polyp or congenital polyp)
- Polyps of the Peutz-Jeghers syndrome
- Hemangioma
- Neurofibromatosis
- Leiomyoma
- Lipoma

Neoplasms?

Inflammatory Polyps

- In ulcerative colitis, Crohn's disease (regional enteritis), the dysenteries, diverticulitis
- Benign lymphoma of the rectum

Unclassified Growths

- Cystic pneumatosis (gas cysts)

into the lumen of the bowel as a result of patchy undermining ulcerations of this membrane. These polyps are typical in ulcerative colitis but they may also follow any ulcerative process of the large intestine mucosa, including regional enteritis, the dysenteries and even — although uncommonly — severe diverticulitis. Inflammatory so-called pseudopolyps are not precancerous, he says.

The other inflammatory polyp is

patients suffering from large intestine cancer only, who are usually in the sixth. Pathologically the tumors are often multiple, the growths flat and infiltrating, of the mucinous or colloid type, and highly malignant.

In view of this, Dr. Morson stresses that every patient with ulcerative colitis should be followed up for an indefinite period, including annual examination by sigmoidoscopy and barium enema. ■



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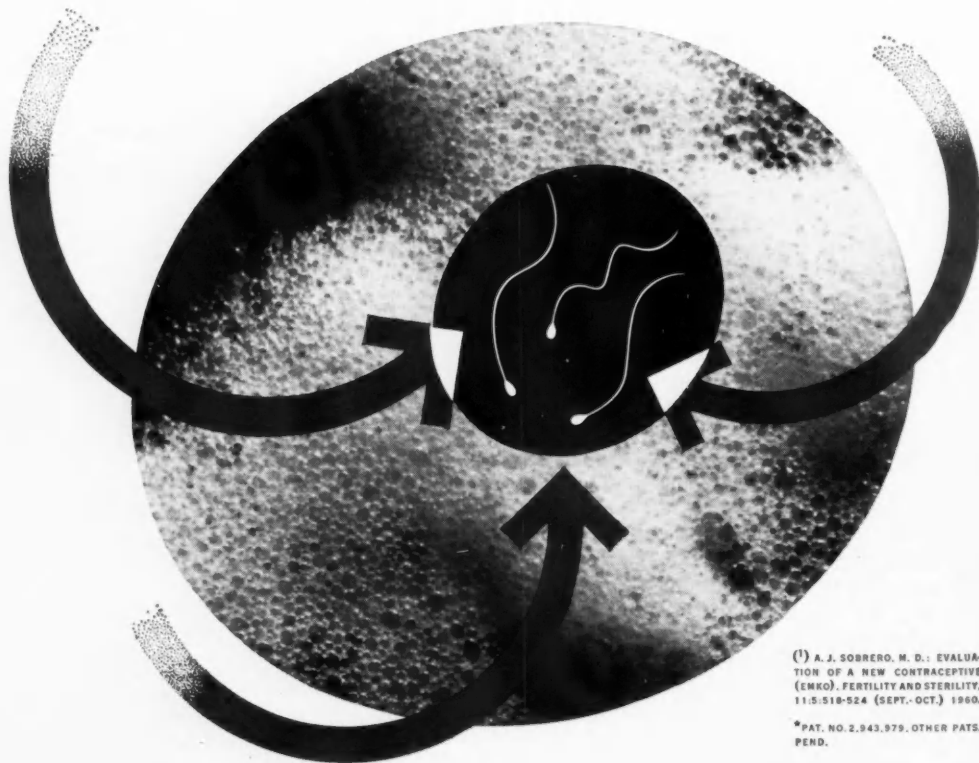
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a principle never before applied to birth control...

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(1) A. J. SOBRERO, M. D.: EVALUATION OF A NEW CONTRACEPTIVE (EMKO). FERTILITY AND STERILITY, 11:5:518-524 (SEPT.-OCT.) 1960.

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ULNA

July 21



DISPLACED JOINTS, both proximal and distal (l.), are restored to mobility by the use of two-pronged metal implants (r.).

STEEL JOINTS 'UNFREEZE' HANDS

In advanced arthritis cases, prostheses can yield 'dramatic restoration of function.' In another report, rheumatism meeting hears new evidence that osteoarthritis may be hereditary

When the hands of a rheumatoid patient become "frozen" into uselessness, and the "intrinsic release" operation fails to produce adequate motion, there is still one more hope, says surgeon Adrian E. Flatt.

A steel prosthesis can be substituted for diseased joints, both proximal and distal.

British-born Dr. Flatt, who is now assistant professor of orthopedic surgery at the State University of Iowa, told the American Rheumatism Association that he has inserted over 50 metallic artificial joints in the past three years.

"Dramatic restoration of function has been obtained in some cases. Patients uniformly report that their greatest gain is the restoration of varying degrees of independence—and improvement in the use of their hands has given many a degree of incentive far beyond that justified by the mechanical gain," he reports.

In his first experiments three years ago, Dr. Flatt used a prosthesis, developed by Col. Earl W. Brannon of the U. S. Air Force Medical Services, to replace proximal interphalangeal joints destroyed by trauma. The prosthesis consists of a shaft to be inserted in the proximal phalanx, an articulated rivet and a shaft for the middle phalanx. Dr. Flatt's first operations, performed on cases so badly crippled that no further damage could be done, indicated the feasibility of the procedure—though the single shaft was frequently found to rotate in the medullary cavity of the phalanx, allowing the finger to twist around it.

He then redesigned the shaft to consist of two prongs, square in their cross-section, each fitting into a hole 5/64 of an inch in diameter. This prevents twisting, even though some bones are too thin to allow the insertion of both prongs.

"As experience accumulated," Dr.

Flatt says, "the indications for the use of the prosthesis increased. At present, it is considered a necessary second stage to the intrinsic release operation when that procedure has failed to yield good function of the middle finger joint."

Not To Be Taken Lightly

Prosthetic replacement, however, is no cure-all and should not be lightly undertaken, he warns. So far the hands operated on have been so crippled that even short periods of function seemed worthwhile. No long term complications have occurred so far, but some are possible—such as bone absorption around the neck of the prosthesis, leading either to obstruction of flexion or to the development of rotational deformities. In his experience, he has found it advisable to place just over 50 prostheses in a series of over 200 operative procedures on rheumatoid hands.

In a second report to the American Rheumatism Association, a group of researchers from the National Institute of Arthritis and Metabolic Dis-

CONTINUED ON PAGE 24



ULNAR DRIFT (l.) is fully corrected with four prostheses. The patient, who is a barber, can now handle his tools again (r.).



OW This is the one that got away. But the sting and itch of insect bites are not quickly forgotten. Apply Xylocaine Ointment and the next sound you hear will be **AH!**

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OSTEOARTHRITIS CONTINUED

eases, Bethesda, Md., submitted the first definite experimental proof that osteoarthritis—at least in mice—is under hereditary control.

Since the disease manifests itself in a similar manner both in mice and men, it is not unlikely that a similar genetic mechanism is at work, says Dr. Leon E. Sokoloff.

In mice, osteoarthritis is apparently transmitted by several genes, probably recessive and without major sex linkage, Dr. Sokoloff reports. He also confirms the genetic dissociation between obesity and susceptibility to osteoarthritis.

1,700 Mice Studied

The study was made possible by a mutant strain of mice (STR/IN) which spontaneously develop severe joint disease by the time they are 16 months old. They are also fat.

Mice from the STR/IN strain were bred with another strain (A/LN) of mice who almost never have osteoarthritis, and are quite lean. Still another strain (DBA/2JN) was used in the study; it consists of animals that are quite lean, but frequently develop mild osteoarthritis.

Controlled hybridization and backcrossing yielded some 1,700 mice, which permitted the study of genetic traits by statistical Mendelian methods. The findings indicate that osteoarthritis is a recessive polygenic trait, without direct sex-linkage.

Tendency to obesity, on the other hand, was apparently transmitted by a single gene—dominant. There was no significant correlation between obesity and osteoarthritis, indicating that obesity (at least in mice) was not an important pathogenic factor in osteoarthritis. ■



DR. SOKOLOFF studies mice and men.

Books

Human Growth

Edited by J. M. Tanner. 120 pages, with charts and illustrations. London: Pergamon Press, Inc., 1960. \$5.00

This symposium on human growth, held in London at the Institute of Child Health, included some of Great Britain's best-known investigators in biology, anthropology and social medicine. Comparisons between the growth of man and lower animals, they report, show a prolongation of the period of growth in man; otherwise the paths of growth are similar. The size, shape and body composition of the human are genetically controlled. Age at the first menstruation is taken as the measurement of the tempo of growth. Race and climate definitely affect the rate of growth, as do nutrition and disease. Growth is also slowed when housing is bad, and during periods of adversity, such as an acute illness.

Medicine—A Lifelong Study

816 pages. New York: World Medical Association, 1961.

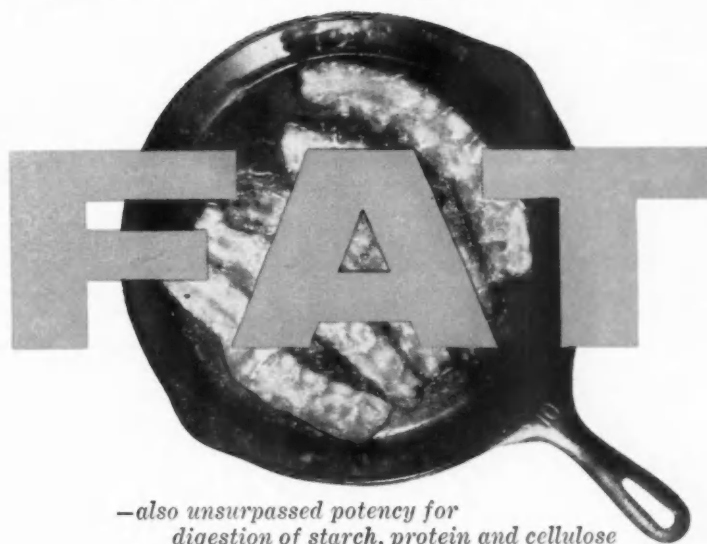
Somewhat belatedly come these "Proceedings of Second World Conference on Medical Education" held in Chicago in 1959. Dr. Hugh Clegg, editor of the *British Medical Journal*, assumed the responsibility for the editing of the publication, which offers a survey of medical education problems around the world. The volume is a source book on every phase of graduate training, reflecting the difficulties in relationships between government and private agencies.

Stroke

Douglas Ritchie. 192 pages. New York: Doubleday & Company, Inc., 1961. \$3.50

At the age of 50, the author, who was a radio commentator, had a stroke which left his entire right side paralyzed and his speech affected. His recovery was slow, frustrating and depressing. He records in detail, through diary and notes, his experiences, particularly his mental reactions. He is convinced that the stroke affected his thinking processes and his conduct. *Stroke* is a poignant document of a man bereft of his physical powers, and of his valiant struggle to recover.

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TWO SAFE SEDATIVES

Fatal overdoses are impossible say three clinicians, reporting on new sleep-producing agents

Effective sedation, plus insurance against suicidal or accidental over-dosage, is claimed for two new hypnotic preparations, in reports to the Third World Congress of Psychiatry in Montreal.

One, a synthetic compound developed in Germany, has been hailed by a University of Hamburg psychiatrist as the most important sleep-inducing agent since the advent of barbiturates in 1902. He finds it effective in conditions ranging from "light symptomatic sleep disturbances to grave insomnia." As to its safety: one patient recovered from a suicide attempt in which she took 140 times the recommended dose, he reports.

Adds Dr. Frank J. Ayd, of Baltimore's Franklin Square Hospital: "If a patient does take too large a dose, all you have to do, in a sense, is to sit back and wait till he wakes up." Dr. Ayd, who has treated 2,000 people with the drug, points out that barbiturates account for 800 to 900 suicides a year in the U.S. "But with this substance you will never have a death or major treatment problem on your hands."

The drug, marketed in Canada under the name of *Kevadon* (Merrell), has certain chemical resemblances to glutethimide, another sedative. Unlike other hypnotics, it appears to be highly species-specific, putting a man to sleep but not a mouse. Side effects cited include slight morning drowsiness, aggravation of existing tendencies to constipation, some allergic reactions.

The other sedative, reported by Dr. Richard Fox of Bethlehem Royal Maudsley Hospital, London, combines a barbiturate with an analeptic, beme-gride. In clinical doses, the barbiturate predominates, but with overdosage the analeptic takes over, countering the effects of the narcotic.

No fatalities have been reported after a year's trial, says Dr. Fox. He cites four cases which survived 2,300 to 9,400 mg of barbiturate. Neither drug is available in the U.S. ■

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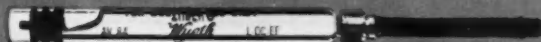
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DOCTOR'S BUSINESS

Settlement of malpractice complaints through impartial boards of physicians is becoming an increasingly important medico-legal factor. The AMA says this approach is getting favorable attention from more and more state medical societies. A "pro" decision from such boards usually results in an out-of-court settlement; an "anti" decision is normally enough to discourage the patient and his lawyers from pursuing the matter further. From the doctor's point of view, the proceeding assures an objective review of the case and avoids encounters between doctors and lawyers in the glare of the courtroom.

The odds favor a tax cut on next year's income. Treasury officials have all but given up on getting a tax bill through this session of Congress. But they are already planning an across-the-board cut for next year. They believe business activity will be way up; Government tax revenues will be higher; and loopholes in tax regulations will be tighter. Against that background, a reduction in income taxes will not be too hard to get through Congress, always very tax-conscious in an election year.

Physicians in the market for a 1961 automobile may get a better buy from now through August than after the 1962 models appear. An industry newsletter has analyzed the auto market and says prospects are good for an early clean-up of 1961 cars. This means that dealers probably won't follow their common practice of cutting prices on "old" models at year's end.

Pharmaceutical mailings to doctors have dropped to the lowest level since 1956. According to one of the big mailing houses, much of the decrease has taken place in the last six months and there are no signs of a return to the all-time highs of 1960. Even so, the busy GP got 4,800 pieces of pharmaceutical mail between May, 1960 and May, 1961.

Two recent innovations in life insurance have special interest for doctors. One is the "guaranteed insurability clause." For a small extra premium (around \$1.50 per \$1,000 of insurance) policy holders are assured the opportunity of taking on additional insurance in later years regardless of changes in general health

and physical condition. The guaranteed insurability is normally limited to applicants under 40. A second innovation is the family income clause, providing a monthly income for 15 to 20 years in the event of the breadwinner's death. The income is usually around \$10 per month for each \$1,000 of insurance. Full payment of the face amount of the policy is made at a predated maturity date.

Medical checkups for executives are gaining in popularity. The big centers—the Mayo Clinic, the Lahey Clinic, West Virginia's Greenbrier Clinic—report doing two to three times more executive examinations than ten years ago. Smaller clinics, too, say many companies outside the big cities now send their executives in for yearly checkups as a matter of routine. Charges for the service range from \$50 to \$150.

A pay-TV plan is in the works for bringing professional lectures, demonstrations and medical reports to doctors. According to the originator (Tele globe Pay TV System, Inc.), doctors would pay a small monthly fee for the service. They would be provided with a "medi-coder" for attachment to their TV sets and would also be furnished a special portable TV set adapted to receive the programs and designed to be carried to the office or hospital. The programs would be broadcast over a regular channel in the early hours of the morning and on weekends. Sets not equipped with the coding device would be unable to receive the programs. A national network is planned, centered in New York. The start of the operation is expected later this year.

Reduced long-distance telephone rates may be in the offing. The Government ordered a \$50 million cut in long-distance charges two years ago and may demand another cut before the end of the year.

Health, education and welfare receive about \$100 million a year from 282 of America's biggest corporations. The National Industrial Conference Board says this is about 25 per cent of total corporate giving. Industrial firms tend to be more generous than service companies, says the board, and publicly owned firms give more freely than privately held ones.

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Editor's Choice

Abstracts of articles concurrent with publication in leading specialty journals

HEPATIC ARTERY ANEURYSM MAY BE CAUSE OF HEMOBILIA

Though hemorrhage into the biliary tract is an uncommon cause of hematemesis and melena, it should be considered in differential diagnosis.

Of more than 100 cases reported in the literature, the majority were due to rupture of an atherosclerotic aneurysm of the right hepatic artery in the biliary system. A recent review of world literature shows 12 instances in which such ruptured arteries have been treated successfully. Although the study points out that hemobilia is rarely diagnosed preoperatively, two cases are presented in which the diagnosis was made prior to surgery. These cases are unique in that in both, the aneurysm was entirely within the liver parenchyma and, therefore, could not be seen externally. In one, the hepatic artery did not bifurcate outside the liver parenchyma. *Grove; AMA Arch. Surg., July 1961, pp. 67-72. Guynn and Reynolds; ibid, pp. 73-80.*

THE SYMPTOMLESS PULMONARY LESION MAY BE MALIGNANT

The patient without any symptoms who is found, on x-ray examination, to have a solitary pulmonary lesion may pose a most difficult therapeutic problem. In spite of adequate advice on the danger of malignancy, such persons often ignore the warning because of good general health.

Among 130 patients with solitary nodules, surgery disclosed malignancy in 40.8 per cent. Nearly a third of the lesions were primary neoplasms. Mortality in this series, after thoracotomy and resection, was 1.5 per cent.

The presence or absence of calcification is a good—though by no means infallible—method of determining potential malignancy. With some reservations, the finding of calcification signifies a benign process, and, conversely, the absence of calcium points to malignancy unless otherwise shown. *Pellett and Gale; AMA Arch. Surg., July 1961, pp. 81-92.*

TO SOME OF HIS PATIENTS, THE THERAPIST IS A MAGICIAN

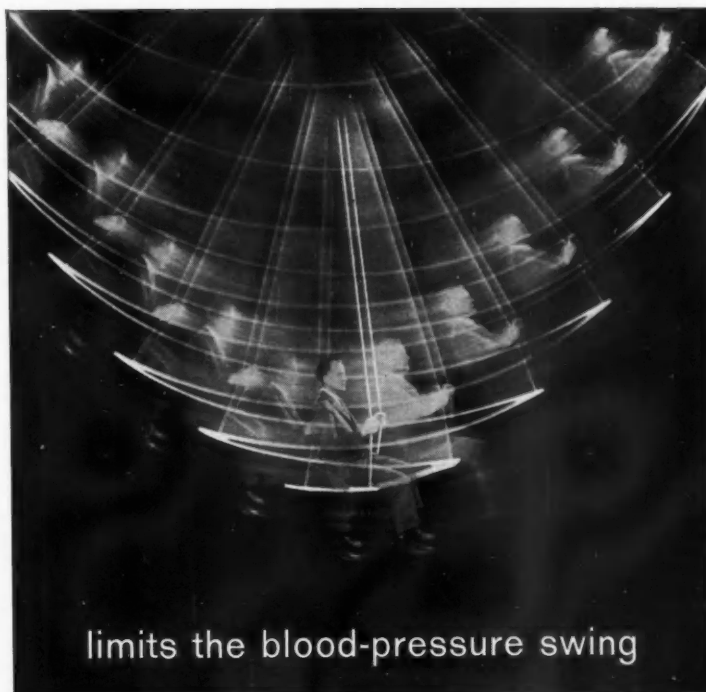
It is the rare patient who at some point in psychotherapy does not wish, consciously or unconsciously, for magical aid. When patients fail to take

realistic steps to solve their conflicts and, instead, expect the therapist to do it for them, this wish becomes a major therapeutic problem.

It has its roots in the biological helplessness of the infant whose every need is gratified by its mother, as if by magic. This fosters the anticipation that needs will always be magically satisfied and creates the illusion of omnipotence. Later, when the infant becomes aware of his mother's part in satisfying his needs, he delegates his

omnipotence to her. As the normal child grows, he gradually learns to rely on himself as his main source of security. But, if for some reason, normal psychologic growth is frustrated, he may rely, instead on magical gratification.

In the adult, this is a sign of immaturity. Such persons often react to failure, or the threat of failure, by the unconscious wish for magical assistance. *Karush and Ovesey; AMA Arch. Gen. Psychiat., July 1961, pp. 55-69.*



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Rautrax-N lowers high blood pressure gently, gradually . . . protects against sharp fluctuations in the normal pressure swing.

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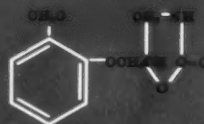
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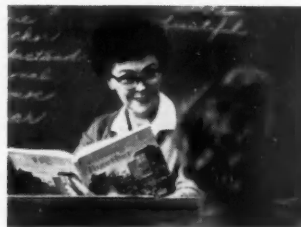
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Names in the News

Dr. William F. Kellow, former associate dean of the University of Illinois College of Medicine, was installed as dean of Philadelphia's Hahnemann Medical College on July 1.

Dr. Hattie E. Alexander, professor of pediatrics at Columbia University's College of Physicians and Surgeons, received the Oscar B. Hunter Memorial Award at the 62nd annual meeting of the American Therapeutic Society in New York. Dr. Alexander is famed for having produced in 1938 a successful rabbit antiserum for the treatment of type "b" meningitis, a variety of almost always fatal bacterial meningitis.

Dr. Louis E. Jones of Roseville, Calif., was installed as president of the Federation of State Medical Boards during the annual meeting held in Chicago. Dr. Jones is also secretary of the California Board of Medical Examiners.



Dr. Charles H. Lupton, Jr., present acting chairman of the pathology department of the University of Alabama Medical Center, has been named chairman. Dr. Lupton is president of the Alabama Association of Pathologists.

Dr. Arthur N. Meyer of Exeter, Pa., achieved the distinction of receiving the 20,000th M.D. degree from Jefferson Medical College, Philadelphia, the only medical school in the country to have reached this total.

Dr. Edward Henderson, vice president for medical affairs, Schering Corp., and editor in chief of the *Journal of the American Geriatrics Society*, received the Willard O. Thompson Memorial Award "for distinguished contributions to geriatric medicine" at the 18th annual meeting of the Society.



Dr. Lytt I. Gardner, professor, department of pediatrics, State University of New York Upstate Medical Center and **Dr. Donald E. Pickering**, University of Oregon Medical School, are recipients of the American Academy of Pediatrics' E. Mead Johnson Awards for 1961. Dr. Gardner's award is for his work on the functioning and biochemistry of the adrenal glands in children; Dr. Pickering

honored for research on thyroid gland.

Lyman J. Smith, Ph.D., has been appointed by the American Medical Association to direct its new Honors and Scholarship Program. An expert in guidance and counseling, director Smith will choose 250 undergraduates as AMA Honor Students each year. In addition, \$1,000 scholarships will be awarded to 50 financially pressed honor students on their enrollment in medical school.

Dr. Joseph M. Foley, president-elect of the American Academy of Neurology, was also named professor and director of the division of neurology at Western Reserve University School of Medicine, Cleveland, Ohio.

Rep. Walter H. Judd (R-Minn.), a former medical missionary, received the AMA's 1961 Distinguished Service Award at the annual meeting in New York. Rep. Judd, a graduate of the University of Nebraska Medical School, was a medical missionary in China for ten years and, as a member of Congress since 1942, he has been an ardent campaigner for medical and international organizations working for world peace.

Dr. Wesley W. Hall of Reno, Nev., **Dr. Homer L. Pearson, Jr.**, of Miami and **Dr. Charles L. Hudson** of Shaker Heights, Ohio, were elected to the Board of Trustees of the AMA during its meeting in New York.

Dr. William H. Sebrell, Jr., has been appointed the first Robert R. Williams professor of nutrition in Columbia University's Institute of Nutrition Sciences. A former director of the National Institutes of Health and former assistant surgeon general of the Public Health Service, Dr. Sebrell is director of the Institute, where he will engage in research to combat nutritional deficiencies throughout the world.

OBITUARIES

Dr. Edgar V. Allen, 60, a member of the Mayo Clinic staff since 1930, he was internationally known for his studies on diseases of the heart; a former president of the American Heart Association, he was a winner of a 1960 Albert Lasker Award for his pioneer work in the use of anti-coagulant drugs, including *Dicumarol*, for heart disease patients; of pneumonia; June 15, in Rochester, Minn.

Dr. William Henry Meyer, 81, former director of radiology at the College of Physicians and Surgeons, Columbia Uni-

versity, he developed in 1920 a system of standardization for radiological treatment of superficial cancer; June 14, in New York City.

Dr. Walter Biering, 92, former president (1934) of the American Medical Association and one-time Iowa state commissioner of public health and director of the Iowa Health Department's division of gerontology, he was a student of Louis Pasteur in Paris and he was one of the first persons to produce a diphtheria antitoxin; June 24, in Des Moines, Iowa.

Dr. Blase Pasquarelli, 69, an internist and cardiologist; of a heart attack while studying a cardiogram; June 14, in New York City.

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Morris Fishbein, M.D.

"Whatever in connection with my professional practice or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret . . ."

OATH OF HIPPOCRATES

With the advance of medical science, and particularly with the introduction of new techniques such as those involved in the practice of psychosomatic medicine and psychiatry, patients reveal to their physicians information which in previous years might never have been brought to light. Such information, dredged from the lower levels of consciousness, may involve not only the patient, but relatives and friends.

Recently, the question of confidential information has achieved significance in relation to political considerations. The widespread employment of persons engaged in "intelligence" may bring to the physician information that threatens not only the safety of the community, but even of the nation itself. The development of Government legislation has led to questioning of physicians as witnesses before investigating committees, in which they have been asked to divulge intimate details of the lives of their patients, including sexual habits, religious beliefs and family problems.

In the *New England Journal of Medicine*, Dr. Victor W. Sidel of Bethesda, Md., considers the subject "Confidential Information and the Physician."

Dr. Sidel is convinced that the evolution of the principles of ethics, which have undergone many changes from the time of Hippocrates and the ancient Hindus, Greeks and Hebrews, represents a trend contrary to the true ethical traditions and practices of the medical profession. The laws of various states have recognized protection of the patient from the disclosure of privileged information. Such laws are frequently ineffective and inadequate. The true protection of the patient must rest with the judgment, understanding and compassion of the doctor. The

physician must protect the innocent against the danger of infection by a food handler or those with venereal disease. He must protect the public official who is threatened by a criminal. He must protect the suicidal patient against his own self-destruction. The law requires the reporting of cases of gunshot wounds and stabbings. The laws are specific as to narcotics.

In a succinct analysis of a complicated situation, Dr. Sidel considers various alternatives:

"He may turn over his records and confidential knowledge in toto [to an investigator]; he may answer from his records only certain specific questions that he considers relevant to a criminal act or relevant to apprehending of the patient; or he may refuse to give any information at all. In choosing the first, he risks making his profession an arm of the police and destroying patients' confidence, and in the second he gives himself the responsibility of determining what in his confidential information is appropriate public business; the third is an extension of the second, in which the physician believes that no information considered confidential by the patient when it was given may be disclosed."

The conclusion reached by Dr. Sidel is:

"Except under very special circumstances such as the prevention of the spread of communicable disease or prevention of a specific criminal act, the physician may best serve his patient by the strictest protection of his confidence, even if that patient is a criminal, or a social, religious or sexual deviant."

Medical organizations might well begin immediately the necessary discussions required to establish general principles of dealing with confidential information. This would serve to guide the individual doctor, confronted with making up his own mind as to just how far he may go in cases that bear social or legal import.

Morris Fishbein

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